

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/01850

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3	2			1		
4	17			1		
5	6			1		
6	1			1		
7	1			1		
8	10			1		
9	5			1		
10	1		1		1	
11		1		1		
12	2			1		
13	17			1		
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48				1		
49				1		
50				1		
TOTAL IND.	3		3			
TOTAL DEP.	14	↔	40	↔		↔
TOTAL CLAIMS	17	████████	47	████████		████████

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100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		████████		████████		████████

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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